

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

09/197959

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEF.	IND.	DEF.	IND.	DEF.
1	/					
2	/					
3	/					
4	/					
6	/					
6	/					
7	/					
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43	/					
44	/					
46	/					
46	/					
47	/					
48	/					
49	/					
60	/					
TOTAL IND.	16					
TOTAL DEF.	29					
TOTAL	45					

	IND.		DEF.		IND.		DEF.	
	IND.	DEF.	IND.	DEF.	IND.	DEF.	IND.	DEF.
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62								
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